REQUEST

The undersigned requests that the present

For receiving Office use only			
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International Application No.			
International Filing Date			
Name of receiving Office and "PCT International Application"			

international application be processed according to the Patent Cooperation Treaty.	Name of receiving Off	ice and "PCT International Application"	
	Applicant's or agent's (if desired) (12 charact	file reference ers maximum) A3232.WO.209	
Box No. 1 TITLE OF INVENTION		*	
A CAPPING UNIT FOR CLOSING CONTAIN	ERS WITH RESPECT	IVE CAPS	
Box No. II APPLICANT This p	erson is also inventor		
Name and address: (Family name followed by given name; for a legal The address must include postal code and name of country. The country Box is the applicant's State (that is, country) of residence if no State of re	Telephone No.		
AZIONARIA COSTRUZIONI MACCHINE		Facsimile No.	
AUTOMATICHE A.C.M.A. S.p.A.			
Via Cristoforo Colombo, 1		Teleprinter No.	
40131 BOLOGNA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ITALY		Applicant's registration No. with the Office	
State (that is, country) of nationality: ITALY	State (that is, country) ITALY	of residence:	
This person is applicant for the purposes of: all designated states all designated the Unit	gnated States except ted States of America	the United States of America only the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FU			
Name and address: (Family name followed by given name; for a leg The address must include postal code and name of country. The countr Box is the applicant's State (that is, country) of residence if no State of re	v of the address indicated in this	This person is:	
GALIMBERTI Enrico	staence is indicated below.)	applicant only	
Via Monteverdi, 35		applicant and inventor	
46047 PORTO MANTOVANO (Mantova)		inventor only (If this check-box is	
ITALY		marked, do not fill in below.)	
		Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country)	of residence:	
ITALY	ITALY	•	
This person is applicant for the purposes of: all designated all designated the Unit the Uni	gnated States except ted States of America	the United States of America only the States indicated in the Supplemental Box	
Further applicants and/or (further) inventors are indica	ted on a continuation sheet.		
Box No. IV AGENT OR COMMON REPRESENTAT	IVE; OR ADDRESS FOR	CORRESPONDENCE	
The person identified below is hereby/has been appointed to of the applicant(s) before the competent International Author	act on behalf ities as:	agent common representative	
Name and address: (Family name followed by given name; for a lega The address must include postal code and name	al entity, full official designation. e of country.)	Telephone No. 051 6583311	
BIANCIARDI Ezio, LANZONI Luciano BUGNION S.p.A. Via Goito, 18		Facsimile No.	
		051 6583400	
		Teleprinter No.	
40126 BOLOGNA			
ITALY		Agent's registration No. with the Office	
Address for correspondence: Mark this check-box w	here no agent or common rep	presentative is/has been appointed and the	
space above is used instead to indicate a special addres	s to which correspondence s	nouia de sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)				
If none of the following sub-boxes is used, this sheet should not be included in the request.				
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence CAVALLARI Stefano Via del Meloncello, 5 40135 BOLOGNA ITALY	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality: ITALY	State (that is, country, ITALY) of residence:		
		the United States of America only the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity. The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence.	e address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country)) of residence:		
This person is applicant all designated for the purposes of:	States except tes of America	the United States of America only the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entit The address must include postal code and name of country. The country of th Box is the applicant's State (that is, country) of residence if no State of residence	e address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country,	of residence:		
	State (mar 2, country)	, of residence.		
	States except ates of America	the United States of America only the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entit The address must include postal code and name of country. The country of th Box is the applicant's State (that is, country) of residence if no State of residence	e address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country)	of residence:		
	States except tes of America	the United States the States indicated in of America only the Supplemental Box		
Further applicants and/or (further) inventors are indicated on another continuation sheet.				

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Sheet No.	3

Box No. V DESIGNAT	TIONS				
	The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.				
However,					
DE Germany is not d	esignated for any kind of natio	onal protection			
KR Republic of Kore	a is not designated for any ki	nd of national protection			
RU Russian Federation	on is not designated for any ki	ind of national protection			
the national law, of an earli	o be used to exclude (irrevocable er national application from w us in these and certain other St	hich priority is claimed. S			
Box No. VI PRIORITY	CLAIM				
The priority of the followin	g earlier application(s) is hereb	oy claimed:			
Filing date of earlier application	Number of earlier application		Where earlier application	is:	
(day/month/year)	or carner application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office	
item (1) 17 July 2003 (17.07.2003)	BO2003A000432	ITALY			
item (2)					

item (3)					
Further priority claims	are indicated in the Suppleme	ntal Box.			
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:					
all items item (1) item (2) item (3) other, see Supplemental Box				ee Supplemental Box	
* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):				ention for the Protection of led (Rule 4.10(b)(ii)):	
Box No. VII INTERNATIONAL SEARCHING AUTHORITY					
Choice of International Se international search, indicate	earching Authority (ISA) (if t e the Authority chosen; the two	wo or more International S -letter code may be used):	Searching Authorities are	competent to carry out the	
ISA / .EP					
International Searching Auti	arlier search; reference to the total acrity):	hat search (if an earlier se	earch has been carried ou	t by or requested from the	
Date (day/month/year)	Numb	er Coun	try (or regional Office)	٠.	
Box No. VIII DECLARATIONS					
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable Check-boxes below and indicate in the right column the number of each type of declaration): Number of declarations					
Box No. VIII (i) Declaration as to the identity of the inventor :				:	
Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent				:	
Box No. VIII (iii)					
Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America):					
Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:					

Box No. IX CHECK LIST;	LANGUAGE	OF FILE	NG		
This international application co (a) in paper form, the following sheets:	ntains: g number of	right co	ternational application is accompanied by the follow (mark the applicable check-boxes below and indicate plumn the number of each item):	ing in	Number of items
request (including		1. 🔀	fee calculation sheet		: 1
declaration sheets) description (excluding	: 4	2. 🗷	original separate power of attorney		: 1
sequence listing and/or		3.	original general power of attorney		:
tables related thereto)	: 19	4.	CODY of general nower of attorney; reference numb	er.	•
claims	: 6	1	if any:	• • • • • • • • •	:
abstract	: 1	5.	The state of signature		:
drawings	: 6	6.	priority document(s) identified in Box No. VI as		
Sub-total number of sheets sequence listing	: 36	7.	translation of international application into		:
tables related thereto			(language):	,	:
(for both, actual number of		8. 🗆	separate indications concerning deposited microorg or other biological material	ganism	:
sheets if filed in paper form, whether or not also filed in computer readable form;		9.	sequence listing in computer readable form (indicate type and number of carriers)		
see (c) below) Total number of sheets		(i)	copy submitted for the purposes of international Rule 13ter only (and not as part of the internation	search under	
(b) only in computer readah	: 36 ole form	(ii)	(only where check-hox (b)(i) or (c)(i) is marked in L	of an house	•
(Section 801(a)(i))		ļ	additional copies including, where applicable, the purposes of international search under Rule 13te.	r	: •
(i) ☐ sequence listing(ii) ☐ tables related thereto		(iii)	together with relevant statement as to the identity copies with the sequence listing mentioned in lef	of the convor	:
(c) also in computer readab (Section 801(a)(ii))	le form	10.	tables in computer readable form related to sequence (indicate type and number of carriers)	listing	
(i) ☐ sequence listing (ii) ☐ tables related thereto		(i)	copy submitted for the purposes of international s Section 802(b-quater) only (and not as part of the	search under	
	(1) 1	}	application)		:
Type and number of carriers CD-ROM, CD-R or other) on v contained the	which are	(ii)	(only where check-box (b)(ii) or (c)(ii) is marked in additional copies including, where applicable, the purposes of international search under Section 80	left column) copy for the	
sequence listing:		(iii)	together with relevant statement as to the identific	of the convor	
tables related thereto:	• • • • • • • • • •	Í	copies with the tables mentioned in left column	:	
(additional copies to be indicat items 9(ii) and/or 10(ii), in rigi	ted under ht column)	11.	other (specify):	:	
Figure of the drawings which	2	Langua	ge of filing of the		
should accompany the abstract:	2		onal application: ENGLISH		
Box No. X SIGNATURE OF Next to each signature, indicate the name	APPLICANT of the person sign	f, AGENT ning and the	OR COMMON REPRESENTATIVE capacity in which the person signs (if such capacity is not obvious)	us from reading the	reauest)
	<u> </u>	3			. 54.10019.
		3	Honorands		
	(E	zio BIAN	VCIARDI) - Agent		
		For re	ceiving Office use only		
 Date of actual receipt of the purinternational application: 	rported		-	2. Drawing	s:
2				receive	. _d .
Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:			·	<i>a</i> .	
Date of timely receipt of the required corrections under PCT Article 11(2):			eived:		
5. International Searching Authori (if two or more are competent):	ity . ISA/		6. Transmittal of search copy delayed until search fee is paid		
		For Interr	national Bureau use only		
Date of receipt of the record copy by the International Bureau:			· · · · · · · · · · · · · · · · · · ·		
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This sheet is not part of and does not count as a sheet of the international application.

For receiving Office use only FEE CALCULATION SHEET International Application No. Annex to the Request Applicant's or agent's file reference A3232.W0.209 Date stamp of the receiving Office Applicant AZIONARIA COSTRUZIONI MACCHINE AUTOMATICHE A.C.M.A. S.p.A. CALCULATION OF PRESCRIBED FEES CHF 100,00 Т CHF 2.432,00 S SEARCH FEE . ÉPÓ International search to be carried out by (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.) 3. INTERNATIONAL FILING FEE Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets CHF 1.400,00 90,00 i2 number of sheets in excess of 30 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)): i3 400 x fee per sheet Add amounts entered at i1, i2 and i3 and enter total at I (Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.) P 4. FEE FOR PRIORITY DOCUMENT (if applicable) 5. TOTAL FEES PAYABLE 4.022,00 TOTAL Add amounts entered at T, S, I and P, and enter total in the TOTAL box MODE OF PAYMENT authorization to charge deposit account (see below) ____ postal money order Cash coupons __ cheque bank draft revenue stamps other (specify): AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices) Receiving Office: RO/_IB Deposit Account No.: 18410 BUGNION Authorization to charge the total fees indicated above. (This check-box may be marked only if the conditions for deposit accounts July 14, 2004 of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Name: Ezio BIANGIARD Authorization to charge the fee for priority document. Signature